STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR SUPERVISOR REGISTRATION

(This form may only be used for interns who are currently registered with the Board)

SUPERVISOR REGISTRATION Each supervisor must complete the following affidavit before providing post-graduate supervision in the state of Idaho unde provisions of Title 54, Chapter 34, Idaho Code, for the Intern Applicant identified. A supervisor shall not have been the subjany disciplinary action for five (5) years immediately prior to providing supervision. If you have not previously registered as supervisors; Supervisors for counselor interns must possess documentation of: 1. two (2) years experience as a licensed counselor in Idaho, and; 2. one thousand five hundred (1,500) hours of direct client contact as a counselor, and; 3. fifteen (15) contact hours of education in supervisor training as approved by the Board. Supervisors for marriage and family therapist interns must document licensure as a marriage and family therapist, clinical professional counselor, psychologist, clinical social worker, or psychiatrist and possess documentation of: 1. five (5) years of experience providing marriage and family therapy, and; 2. two thousand (2,000) hours of direct client contact with couples or families as a marriage and family therapiand; 3. fifteen (15) contact hours of education in supervisor training as approved by the Board. SUPERVISOR AFFIDAVIT I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling, marriage & family therasocial work, psychology, or psychiatry and that I have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. I further certify that I have met the supervisor experience a education requirements outlined in Board law and rule, and that I have read and will comply with the Idaho Board's laws, ru and adopted code of ethics governing the supervision of Counseling or Marriage & Family Therapist interns at a time. I agree to provide documentation of my supervisory qualifications, as well as documentation of my supervision of interns and time. I agree to provid	Intorn Maili	na addraec			
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			Supervisor Name (please)	orint)	License #
Signature of Supervisor State of, County of, ss. Subscribed and sworn before me this day of, 20	State of Subscribed an	, County of nd sworn before me this	Signature of Supervisor, ssday of	, 20	
(seal) Notary Public official signature		(I)	N. 11. 00		

my commission expires_